REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

*Total of ____

____ forms are submitted.

Application Number	09/970,455		
Filing Date	October 3, 2001		
First Named Inventor	Michael H. Benjamin		
Art Unit	3623		
Examiner Name	Jonathan G. Sterret		
Attorney Docket Number	021756-047800US		

I hereby revoke all previous powers of attorney given in the above-identified application.								
_		ey is submitted herewith						
OR I hereby appoint the practitioners associated with the Customer Numbe					20350			
Please change the correspondence address for the above-identified application to:								
Cı	he address ustomer N	s associated with umber: 20350						
OR Firm or	-				***************************************			
Individu Address	ıal Name							
Addless								
City			St	ate	Zip			
Country			•					
Telephone	ephone			Email				
Ass		entor. ecord of the entire inter der 37 CFR 3.73(b) is a						
SIGNATURE of Applicant or Assignee of Record								
Signature Dudy Mue								
Name	Brady Mi	rady Mickelsen, President and CEO, Agile Software Corporation						
Date		12/88 Telephone						
NOTE: Signature			ne entire interest or the	eir representative(s) are require	d. Submit multiple forms if more that	an one		